

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

6467

1454

#94620

318

1003

Registrar's No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)

OR TOWN

St. Louis, Missouri.

d. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

St. Louis City Hospital #1.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

b. COUNTY

Missouri

c. CITY (If outside corporate limits, write RURAL and give township)

OR TOWN

St. Louis

d. STREET ADDRESS

(If rural, give location)

3516 N. 9 Street

3. NAME OF DECEASED
(Type or Print)

a. (First)

b. (Middle)

c. (Last)

AUGUSTA

C.

MEYER

4. DATE OF DEATH

(Month)

(Day)

(Year)

Feb. 14th, 1949

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 25, 1867

9. AGE (In years last birthday)

81

10. IF UNDER 1 YEAR

Months

11. IF UNDER 1 YEAR

Days

12. IF UNDER 1 YEAR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

St. Louis, MO.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13a. FATHER'S NAME

Frederich Meyer

13b. MOTHER'S MAIDEN NAME

Catherine

Unknown

14. NAME OF HUSBAND OR WIFE

Single (none)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

No

None

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S SIGNATURE OR NAME

Fred Meyer (Nephew)

ADDRESS

Kansas City MO

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Rheumatic heart disease with chronic mitral valvulitis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/11/49, 19, to 2/14/49, 19, that I last saw the deceased alive on 2/14/49, 19, and that death occurred at 12/55A m., from the causes and on the date stated above.

23a. SIGNATURE

E. W. Sebrunski

(Degree or title)

A

23b. ADDRESS

1515 Lafayette Ave.,

23c. DATE SIGNED

2/14/49

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

2/16/49

24c. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

24d. LOCATION (City, town, or county)

St. Louis, CO.

(State)

MO

DATE REC'D BY LOCAL REG.

FEB 15 1949

REGISTRAR'S SIGNATURE

J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE

Suedmeyer & Son's 3934 N. 20 Street

ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3934 N 202nd St.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.